PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/733,767 **Application Number** FEE TRANSMITTA Filing Date 12/12/2003 For FY 2008 First Named Inventor **David Chien Examiner Name** Ann Lam Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1641 TOTAL AMOUNT OF PAYMENT 180.00 Attomey Docket No. 072121-0371 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 03-1664 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 160 155 80 510 Reissue 310 155 255 620 310 Provisional 210 105 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$)

20 or HP =	· x _	= <u></u>		Fee	(\$)	Fee Paid (\$)
HP = highest number of to	tal claims paid for, if great	er than 20.				
Indep. Claims	Extra Claims	Fee (\$) Fee	Paid (\$)			
3 or HP =	x _	=_				
HP = highest number of ind	ependent claims paid for	if greater than 3.				
3. APPLICATION SIZE If the specification an listings under 37 (
	thereof. See 35 U.S	S.C. 41(a)(1)(G)	and 37 CFR 1.1	6(s).	• /	
Total Sheets	Extra Sheets	<u>Numbér óf eác</u>	h additional 50 c	or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S) Non-English Specif	fication, \$130 fee	(no small entity	discount)	ı		Fees Paid (\$)
Other (e.g., late fili	ng surcharge): <u>Info</u>	mation Disclosure	Statement			180.00

Fee Paid (\$)

50

210

370

25

105

185

Multiple Dependent Claims

Each claim over 20 (including Reissues)

Multiple dependent claims

Total Claims

Each independent claim over 3 (including Reissues)

Extra Claims

Fee (\$)

SUBMITTED BY			
Signature	Mille	Registration No. (Attorney/Agent) 44,330	Telephone 510.923.2706
Name (Print/Type)	Mark Seka		Date February 28 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT Atty. Docket No. 072121-0371

that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Feb. 28, 2008

Joy m. marshell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

D. Chien

U.S. Application No.

10/733,767

Date Filed:

12/12/2003

Group Art Unit:

1641

Examiner:

A. Lam

For:

DEVICE AND METHOD FOR IN-LINE BLOOD TESTING USING BIOCHIPS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.56 AND §1.97(b)(3)

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The citations listed on the enclosed Information Disclosure Form (Form PTO/SB/08A) may be material to the examination of the aboveidentified patent application. Therefore, Applicant submits these documents in compliance with the duty of disclosure as defined in 37 C.F.R. §1.56 and §1.97(b)(3). The Examiner is requested to make these citations of official record in the present application.

The present Information Disclosure Statement is being filed after the mailing date of the first Office action on the merits, but before the mailing date of the final Office Action. Therefore, a fee of

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Atty. Docket No. 072121-0371

\$180.00 is required under 37 C.F.R. §1.17(p). A PTO Form SB17 Fee Transmittal is included to charge the required amount to Deposit Account No. 03-1664.

All references enclosed are cited in the supplementary European Search Report for the corresponding European application. A copy of the Search Report is enclosed.

This Information Disclosure Statement under 37 C.F.R. §1.56 and §1.97(b)(3) is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these citations constitute prior art under 35 U.S.C. §102 or §103.

The Commissioner for Patents is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR 1.16 and 1.17 to Deposit Account No. 03-1664.

Respectfully submitted,

By:

Mark Seka

Agent for Applicants

Reg. No. 44,330

Date: February 28 , 2008

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